

**UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

FILED

MAR 28 2016

IN RE:

B+B WORM FARMS
(Debtor)

) CASE NO. 03-14379-041
)
) CHAPTER 7
)
)

GRANT PRICE
CLERK, U.S. BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
BY: TS DEPUTY

**APPLICATION FOR ORDER DIRECTING PAYMENT
OF UNCLAIMED FUNDS TO CREDITOR/CLAIMANT**

There having been a dividend/refund check in the above named case issued to GOLDEN PRAIRIE WORMS
STEPHEN G COLETTI JR, in the amount of \$ 667.06, and said check
having not been cashed by said payee, the trustee pursuant to 11 U.S.C. §347(a) of the Bankruptcy
Code paid this unclaimed money to the Registry of the Clerk, United States Bankruptcy Court.

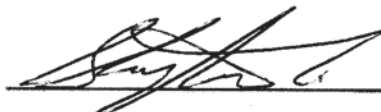
Applicant has made sufficient inquiry and has no knowledge that this claim has been
previously paid, that any other application for this claim is currently pending before this Court, or
that any other party other than this Applicant is entitled to submit an application for this claim.

Applicant has provided notice to the U.S. Attorney pursuant to 28 U.S.C. Section 2042.

THEREFORE, Application is hereby made for the Clerk, U.S. Bankruptcy Court to pay this
unclaimed money to STEPHEN G COLETTI JR - GOLDEN PRAIRIE WORMS
3810 LAMANITE CT, LAS CURVES NM 88012

15 MAR 16
Date

52-2386023
Tax ID or last 4 #s of SSN


STEPHEN G COLETTI JR

I hereby certify by my signature above, that a copy of the application was mailed on _____ to:

United States Attorney
210 Park Avenue, Suite 400
Oklahoma City, OK 73102

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

IN RE:) CASE NO. 03-14379-B4
)
B+B WORM FARMS) CHAPTER 7
(Debtor))
)

AFFIDAVIT OF CREDITOR

State of NEW MEXICO

Tax ID or Last 4 #s of SSN: 52-2386023

County of DONA ANA

I, STEPHEN G COLETTI JR, the undersigned creditor/claimant in the above referenced case, being first duly sworn upon oath, state as follows:

1. I have submitted an Application for Payment from Unclaimed Funds seeking payment of claim no. _____, in the amount of \$ 667.06, due and owing to me (or the entity I represent) as a creditor in the above referenced bankruptcy case.

2. That said creditor duly filed his/her claim in the above referenced bankruptcy case, which was thereafter duly allowed, and that said claim has not been sold or assigned, and that it is still the property of deponent.

3. I (or the entity I represent) have neither previously received remittance for the claim nor have contracted with any other party to recover these funds.

4. My name, position with company (if applicable), address and telephone number are as follows:

STEPHEN G COLETTI JR

OWNER - GOLDEN PRAIRIE WORMS

3810 LAMANITE CT

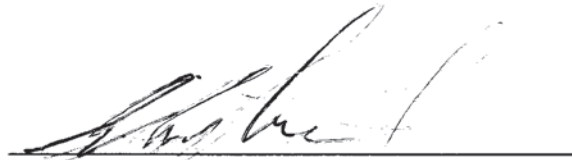
LAS CRUCES, NM

88012

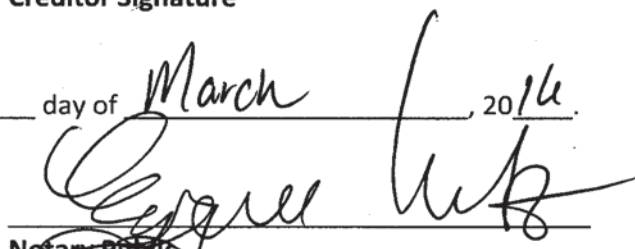
5. If the creditor/claimant is not an individual: I certify that I have the authority to represent the entity in this matter and sign legal documents on behalf of the entity.

I certify that the foregoing statements are true and correct to the best of my knowledge and belief.

DATED: 16 MAR 2016


Creditor Signature

Sworn and subscribed to before me this 16 day of March, 2016.


Notary Public

[SEAL]
OFFICIAL SEAL
Enrique Martinez
NOTARY PUBLIC - STATE OF NEW MEXICO
My Commission Expires: 05082017

My commission expires: 05082017

Kansas Secretary of State
Ron Thornburgh
Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564
kssos@kssos.org
www.kssos.org

KANSAS SECRETARY OF STATE
General Partnership Statement of Partnership Authority

GA

51

All information must be completed or this document will not be accepted for filing.

1. Name of the partnership:

Golden Prairie Worms

2. Address of its principal address:

Address must be a street address. A post office box is unacceptable.

223 N 65th St

Street address

Kansas City

Kansas

66102

City

State

Zip

3. Address of the partnership's office in the state of Kansas, if one exists:

Street address

City

State

Zip

4. Names and mailing addresses of all partners, or the name and mailing address of an agent appointed to maintain a list of names and mailing addresses of all partners.

Name	Street address	City	State	Zip	Title (partner/agent)
Stephen G Coletti, Jr	PO Box 11243	Kansas City	Kansas	66111	Owner
Jeanette A Coletti	PO Box 11243	Kansas City	Kansas	66111	Owner

5. The partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:

Stephen G or Jeanette A Coletti

6. The authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership (optional):

We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the 5th of May, 2006 by two partners.
Day Month Year

Signature _____

Signature

Partnership Mailing Information

Where would you like the Secretary of State's office to send official mail? If no address is given the mail will be sent to the partnership's principal office given in paragraph two (2).

PO Box 11243	Kansas City	Kansas	66111	USA
Street address	City	State	Zip	Country


The mail should be addressed to the following named individual: Golden Prairie Worms

Instructions


1. A certified copy of a filed statement in another state may be filed instead of this form.
2. Submit form with \$35 filing fee.

Notice: There is a \$25 service fee for all returned checks.

NEW MEXICO

 **DRIVER'S LICENSE**
License # **509769974** ISSUED **07/30/2014**
Date of Birth **07/30/1954** EXPIRES **02/07/2018**
COLETTI
STEPHEN G, JR
3810 LAMANITE COURT
LAS CRUCES, NM 88012
SEX **M** HEIGHT **6'02"**
WEIGHT **255** EYES **BLU**
CLASS **D** ENDORSEMENTS **NONE**
DONOR **♥** RESTRICTIONS **NONE**

NEW MEXICO

 **DRIVER'S LICENSE**
License # **509973792** ISSUED **09/21/2010**
Date of Birth **09/21/1950** EXPIRES **10/16/2018**
COLETTI
JEANETTE A
3810 LAMANITE COURT
LAS CRUCES, NM 88012
SEX **F** HEIGHT **5'07"**
WEIGHT **225** EYES **BLU**
CLASS **D** ENDORSEMENTS **NONE**
RESTRICTIONS **B**